

Fill in this information to identify the case:

United States Bankruptcy Court for the:

Eastern District of North Carolina

Case number (if known): _____ Chapter 11☐ Check if this is an amended filing**Official Form 201****Voluntary Petition for Non-Individuals Filing for Bankruptcy****06/22****If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.****1. Debtor's name**AJC Medical, PLLC**2. All other names debtor used in the last 8 years**AJC Medical AestheticsInclude any assumed names, trade names, and *doing business as names***3. Debtor's federal Employer Identification Number (EIN)**8 3 - 3 3 1 0 3 0 2**4. Debtor's address****Principal place of business**1611 Jones Franklin Rd. Suite 105

Number Street

Raleigh, NC 27606

City State ZIP Code

Wake

County

Mailing address, if different from principal place of business

Number Street

P.O. Box

City State ZIP Code

Location of principal assets, if different from principal place of business

Number Street

City State ZIP Code

5. Debtor's website (URL)**6. Type of debtor**☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))☐ Partnership (excluding LLP)☐ Other. Specify: _____

Debtor AJC Medical, PLLC
Name

Case number (if known) _____

7. Describe debtor's business**A. Check one:**

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☐ None of the above

B. Check all that apply:

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing?

A debtor who is a "small business debtor" must check the first subbox. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box

Check one:

- ☐ Chapter 7
- ☐ Chapter 9

☒ Chapter 11. **Check all that apply:**

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11.** If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

- ☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?☒ No

☐ Yes. District _____ When _____ Case number _____
MM / DD / YYYY

If more than 2 cases, attach a separate list.

District _____ When _____ Case number _____
MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?☒ No

☐ Yes. Debtor _____ Relationship _____
District _____ When _____

List all cases. If more than 1, attach a separate list.

Case number, if known _____
MM / DD / YYYY

Debtor AJC Medical, PLLC
Name

Case number (if known) _____

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?☒ No☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention?** (Check all that apply.)

- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard?

☐ It needs to be physically secured or protected from the weather.☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).☐ Other _____**Where is the property?** _____

Number Street

City

State

ZIP Code

Is the property insured?☐ No

☐ Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information**13. Debtor's estimation of available funds?**

Check one:

- ☐ Funds will be available for distribution to unsecured creditors.
- ☒ After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

14. Estimated number of creditors

- ☒ 1-49 ☐ 50-99 ☐ 1,000-5,000 ☐ 5,001-10,000 ☐ 25,001-50,000 ☐ 50,000-100,000
- ☐ 100-199 ☐ 200-999 ☐ 10,001-25,000 ☐ More than 100,000

15. Estimated assets

- ☐ \$0-\$50,000 ☐ \$1,000,001-\$10 million ☐ \$500,000,001-\$1 billion
- ☐ \$50,001-\$100,000 ☐ \$10,000,001-\$50 million ☐ \$1,000,000,001-\$10 billion
- ☒ \$100,001-\$500,000 ☐ \$50,000,001-\$100 million ☐ \$10,000,000,001-\$50 billion
- ☐ \$500,001-\$1 million ☐ \$100,000,001-\$500 million ☐ More than \$50 billion

Debtor AJC Medical, PLLC
Name

Case number (if known) _____

16. Estimated liabilities

- | | | |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input checked="" type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Request for Relief, Declaration, and Signatures**WARNING --**

Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

- The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
- I have been authorized to file this petition on behalf of the debtor.
- I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 07/28/2023
MM/ DD/ YYYY**X**/s/ Indira Velasquez

Signature of authorized representative of debtor

Indira Velasquez

Printed name

Title MD**18. Signature of attorney****X**/s/ Kathleen O'Malley

Signature of attorney for debtor

Date 07/28/2023

MM/ DD/ YYYY

Kathleen O'Malley

Printed name

Stevens Martin Vaughn & Tadych, PLLC

Firm name

2225 W Millbrook Road

Number Street

Raleigh

City

NC

State

27612

ZIP Code

(919) 582-2300

Contact phone

komalley@smvt.com

Email address

51654

Bar number

NC

State

Fill in this information to identify the case:

Debtor name AJC Medical, PLLC

United States Bankruptcy Court for the:

Eastern District of North Carolina

Case number (if known): _____

☐ Check if this is an amended filing**Official Form 204****Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders****12/15**

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an *insider*, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1	Amur Equipment Finance Attn: Managing Agent 304 W. 3rd Street PO Box 2555 Grand Island, NE 68801				\$120,000.00	\$24,900.00	\$95,100.00
2	Balboa Capital Attn: Managing Agent 575 Anton Blvd. 12th Floor Costa Mesa, CA 92626-7169				\$120,000.00	\$6,500.00	\$113,500.00
3	Dext Capital, LLC Attn: Managing Agent 5285 Meadows Rd. Ste. 335 Lake Oswego, OR 97035				\$130,000.00	\$29,995.00	\$100,005.00
4	Flagstar Bank Attn: Managing Agent 225 Broadhollow Road Ste. W132 Melville, NY 11747				\$130,000.00	\$11,000.00	\$119,000.00
5	MMP Capital, LLC, ISAOA Attn: Managing Agent 19 Engineers Ln. Farmingdale, NY 11735				\$150,000.00	\$65,150.00	\$84,850.00
6	MMP Capital, LLC, ISAOA Attn: Managing Agent 19 Engineers Ln. Farmingdale, NY 11735				\$90,000.00	\$11,000.00	\$79,000.00
7	Navitas Credit Corp. Attn: Managing Agent 201 Executive Center Dr. Ste. 100 Columbia, SC 29210				\$120,000.00	\$9,000.00	\$111,000.00
8	North Mill Credit Trust Attn: Managing Agent 601 Merritt 7 Ste. 5 Norwalk, CT 06851				\$330,521.48	\$24,500.00	\$306,021.48

Debtor AJC Medical, PLLC
Name _____

Case number (if known) _____

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
9							
10							
11							
12							
13							
14							
15							
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18							
19							
20							

**IN THE UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NORTH CAROLINA
RALEIGH DIVISION**

IN RE: **AJC Medical, PLLC**

CASE NO

CHAPTER 11

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 07/28/2023

Signature /s/ Indira Velasquez
Indira Velasquez, MD

Amur Equipment Finance

Attn: Managing Agent
304 W. 3rd Street PO Box 2555
Grand Island, NE 68801

Arvest Bank

Attn: Managing Agent
921 W. Monroe
Lowell, AR 72745

AviClear

Attn: Managing Agent
3240 Bayshore Boulevard
Brisbane, CA 94005

Balboa Capital

Attn: Managing Agent
575 Anton Blvd. 12th Floor
Costa Mesa, CA 92626-7169

Corporate Service Company

Attn: Managing Agent
801 Adlai Stevenson Dr.
Springfield, IL 62703

Corporation Service Company

Attn: Managing Agent
801 Adlai Stevenson Dr.
Springfield, IL 62703

Corporation Service Company,
as rep

Attn: Managing Agent
PO Box Box 2576
Springfield, IL 62708

CT Corporation System, as
Rep

Attn: SPRS/MangingAgent
330 N. Brand Blvd Ste 700
Glendale, CA 91203

Dext Capital, LLC

Attn: Managing Agent
5285 Meadows Rd. Ste. 335
Lake Oswego, OR 97035

Flagstar Bank

Attn: Managing Agent
225 Broadhollow Road Ste. W132
Melville, NY 11747

Internal Revenue Service

Attn: Managing Agent
PO Box Box 7346
Philadelphia, PA 19101-7346

IV LLC

Attn: Managing Agent
13848 NC HIGHWAY 96 N
Zebulon, NC 27597-7467

John James

Attn: Managing Agent
2929 Allen Pkwy Ste 3300
Houston, TX 77019

MMP Capital, LLC, ISA OA

Attn: Managing Agent
19 Engineers Ln.
Farmingdale, NY 11735

Navitas Credit Corp.

Attn: Managing Agent
201 Executive Center Dr. Ste. 100
Columbia, SC 29210

NC Attorney General

Attn: Managing Agent
9001 Mail Service Center
Raleigh, NC 27699-9001

NC Dept. of Revenue
Attn: Managing Agent
PO Box 1168
Raleigh, NC 27602-1168

North Mill Credit Trust
Attn: Managing Agent
601 Merritt 7 Ste. 5
Norwalk, CT 06851

Signature Financial, LLC
Attn: Managing Agent
225 Broadhollow Rd. Ste. 132W
Melville, NY 11747

US Attorney General - US DOJ
Attn: Managing Agent
950 Pennsylvania Ave., NW
Washington, DC 20530

US Attorney's Office (ED)
Attn: Managing Agent
150 Fayetteville St. Ste. 2100
Raleigh, NC 27601

Indira Velasquez
13848 NC Hwy 96 N
Zebulon, NC 27597

**United States Bankruptcy Court
Eastern District of North Carolina**

In re **AJC Medical, PLLC**

Debtor(s)

Case No. _____

Chapter _____

11

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **AJC Medical, PLLC** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [Check if applicable]

07/28/2023

Date

/s/ Kathleen O'Malley

Kathleen O'Malley

Signature of Attorney or Litigant

Counsel for **AJC Medical, PLLC**

Bar Number: 51654

Stevens Martin Vaughn & Tadych, PLLC

2225 W Millbrook Road

Raleigh, NC 27612

Phone: (919) 582-2300

Email: komalley@smvt.com

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NORTH CAROLINA
RALEIGH DIVISION**

In re: Debtor(s)
AJC Medical, PLLC

Case No.
Chapter 11

Debtor(s)

DEBTOR'S ELECTRONIC NOTICING REQUEST (DEBN)

CHECK ONLY ONE BOX FOR THE APPLICABLE SECTION BELOW:



Initial Request: (Check this box to begin receiving notices and orders from the U.S. Bankruptcy Court via email.)

Pursuant to Bankruptcy Rule 9036, I hereby request receipt of court notices and orders via email, instead of U.S. mail, from the Bankruptcy Noticing Center (BNC) through the U.S. Bankruptcy Court's Debtor Electronic Bankruptcy Noticing (DeBN) program.

I understand that this request is limited to receipt of only notices and orders filed by the U.S. Bankruptcy Court. I will continue to receive documents filed by all other parties, such as the trustee and creditors, via U.S. mail or in person pursuant to court rules.

I understand that I will receive electronic notice of any documents entered by the court in any current or future bankruptcy or adversary case from any bankruptcy court district in which I am listed with the same name and address, including cases where I am listed as a creditor.

I understand that the first time the BNC receives an email bounce-back (undeliverable email), my DeBN account will be automatically disabled. I will then receive notices and orders via U.S. mail, and I must file an updated request form if I wish to reactivate my account.

I understand that enrollment in DeBN is completely voluntary, and I may file a request to deactivate my account at any time.



Decline Request: (Check this box to decline receiving notices and orders from the U.S. Bankruptcy Court via email.)



Update to Account Information: (Check this box to make changes to your existing DeBN account.)

I request the following updates(s) to my DeBN account:



I have a new email address as indicated below.



I filed a new bankruptcy case, and I have an existing DeBN account. Please review my account to ensure my name and address in my account match this new case.



I request reactivation of my DeBN account so that I may receive court notices and orders via email, instead of U.S. mail.



Request To Deactivate Electronic Noticing: (Check this box to request deactivation of your DeBN account.)

I request deactivation of my DeBN account. I understand that by deactivating my account, I will begin receiving notices and orders entered by the U.S. Bankruptcy Court via U.S. mail, instead of email.

I understand that I will continue to receive electronic notices until such time as the Court has deactivated my account.

I am a debtor in this bankruptcy case, or the debtor's authorized representative if the debtor is a business, and I have read the applicable section check-marked above and understand and agree to the terms and conditions set forth therein. Neither the U.S. Bankruptcy Court nor the BNC bears any liability for errors resulting from the information I have submitted on this form. If I already have a different electronic noticing account, you may deactivate that account and create this DeBN account.

Joint debtors who each request enrollment or already have a DeBN account must file separate forms.

/s/ AJC Medical, PLLC
AJC Medical, PLLC

Date: 07/28/2023

Printed Name (and title if not the debtor): AJC Medical, PLLC

Email Address (type or print clearly): indira94@hotmail.com